



INTEGRATIVE REVIEW OF PSYCHOLOGICAL FRAMEWORKS IN MENTAL HEALTH DIAGNOSIS

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ABSTRACT

The diagnosis of mental illness has evolved from theory-driven formulations to largely descriptive, symptom-based systems designed to improve reliability. Although this shift enhanced inter-rater consistency, it also introduced concerns regarding reductionism and limited clinical utility. This integrative review examines the contributions and limitations of major psychological and biomedical theories biological, psychodynamic, behavioural, cognitive, and sociological in psychiatric diagnosis. Evidence suggests that reliance on single theoretical frameworks contributes to diagnostic error and incomplete case conceptualization. The review synthesizes empirical literature indicating that multi-theoretical integration, particularly within the biopsychosocial model, improves diagnostic precision, enhances case formulation, and strengthens treatment alignment. The findings support the argument that diagnosis should extend beyond symptom classification to include aetiological, contextual, and functional understanding, especially in multicultural contexts such as Nigeria. The study concludes that structured integration of diverse theoretical perspectives is essential for comprehensive and clinically useful psychological diagnosis.

Keywords: biopsychosocial model, case formulation, integrative psychiatry, mental illness diagnosis, psychological theories

Introduction

Mental illness refers to clinically significant disturbances in cognition, emotional regulation, or behaviour that result in functional impairment across social, occupational, or interpersonal domains (American Psychiatric Association [APA], 2013). Contemporary diagnostic systems emphasize descriptive symptom criteria to enhance reliability and standardization.

Historically, early diagnostic manuals were theory-driven, particularly influenced by psychoanalytic thought. However, concerns regarding poor inter-rater reliability led to a shift towards descriptive, atheoretical classification systems beginning in the DSM-III era. While this transformation improved diagnostic consistency, critics argue that it reduced complex psychological experiences to symptom counts, thereby limiting aetiological depth and overall clinical utility.

Despite structured criteria, diagnostic inaccuracies persist in routine practice. One contributing factor is the reliance on single theoretical frameworks. Biological, psychodynamic, behavioural, cognitive, and sociological models each provide valuable insights; however, none independently accounts for the multifactorial nature of mental disorders. This review argues that accurate and clinically meaningful diagnosis requires structured theoretical integration, particularly within the biopsychosocial model framework. Therefore, this integrative review aims to examine the relationship between psychological theories and diagnostic practice

Method

Research Design

The study employed an integrative review methodology to synthesize theoretical and empirical literature examining the relationship between psychological theories and diagnostic practice.

This framework is particularly suitable for integrative reviews because it accommodates diverse methodologies, including both experimental and non-experimental studies, thereby allowing for a comprehensive understanding of the research problem (Whittemore & Knafl, 2005).

Search Strategy

Electronic databases including PubMed, PsycINFO, and Google Scholar were searched for peer-reviewed publications between 2000 and 2024. Keywords used include: mental illness diagnosis, psychological theories, biopsychosocial model, diagnostic frameworks, cognitive, behavioural, psychodynamic, biological, sociological models.

Eligibility criteria

Studies were included if they examined theoretical foundations of mental health diagnosis; provided empirical evidence related to diagnostic reliability, validity, or case formulation; were published in English in peer-reviewed journals. A total of 87 articles were identified. After screening for relevance and quality appraisal using standardized criteria, 45 studies were retained for analysis.

Screening and Selection

The screening and selection of studies for this integrative review followed a systematic and transparent procedure to ensure rigor and reproducibility. In line with established review methodologies, particularly the guidelines of Whitemore and Knafl and PRISMA, a multi screening process was adopted. Initially, all studies retrieved from electronic databases were exported into a reference management system (e.g., EndNote or Mendeley), where duplicate records were identified and removed automatically and manually to ensure accuracy (Page et al., 2021). Subsequently, full-text articles were assessed for eligibility, ensuring that each study met the inclusion criteria, including relevance to the research objectives, methodological appropriateness, and availability of sufficient data. Studies that did not meet these criteria were excluded, with reasons documented to enhance transparency (Page et al., 2021). This involved evaluating studies based on factors such as research design, sample characteristics, data collection methods, validity, and reliability. Tools such as critical appraisal checklists recommended by Joanna Briggs Institute were adapted to assess the quality of both quantitative and qualitative studies (Aromataris & Munn, 2020).

Only studies that met acceptable quality thresholds were included in the final synthesis. This systematic screening and selection process ensured that the review incorporated high-quality and relevant evidence, thereby strengthening the credibility and validity of the findings.

Rationale for Study Selection

Out of the 87 studies initially identified through database searching, a total of 45 studies were retained for inclusion in this integrative review following a rigorous screening and selection process. The reduction in the number of studies was guided by predefined inclusion and exclusion criteria, as well as methodological quality considerations, consistent with the integrative review approach of Whitemore and Knafl and reporting standards such as PRISMA. Specifically, duplicate records were first removed, resulting in a reduced pool of unique studies. Further exclusion occurred during full-text review, where studies were assessed for eligibility based on criteria such as methodological rigor, clarity of findings, and relevance to the key variables under investigation.

Additionally, a quality appraisal process was conducted to ensure that only studies meeting acceptable scientific standards were included in the final synthesis. As recommended by Joanna Briggs Institute, studies were evaluated based on research design, sampling adequacy, validity, and reliability. Consequently, only 45 studies that satisfied these criteria were retained, ensuring that the review findings are based on credible and high-quality evidence (Aromataris & Munn, 2020).

Data Extraction

Thematic synthesis was conducted. Articles were coded according to theoretical contribution to diagnosis, clinical strengths and limitations, evidence supporting integration, implications for case formulation, and ethical considerations.

Results

Contributions and Limitations of Major Theories

Biological theory

The biological model emphasizes genetic vulnerability, neurochemical imbalances, and brain circuitry dysfunction. It provides objective assessment tools such as neuroimaging and pharmacological response markers. However, its reductionist orientation often neglects psychosocial determinants of illness.

Psychodynamic theory

Psychodynamic perspectives highlight unconscious conflict, attachment patterns, and early developmental experiences. These insights are particularly valuable in personality and trauma-related disorders. Nevertheless, empirical measurement challenges limit its standalone diagnostic reliability.

Behavioural theory

Behavioural approaches focus on learned maladaptive patterns and environmental reinforcement contingencies. Functional behavioural assessments provide structured diagnostic clarity. However, behavioural models may insufficiently address cognition and biological predispositions.

Cognitive theory

Cognitive theory identifies distorted thinking patterns as central to emotional disorders. Standardized measures such as cognitive inventories improve diagnostic precision. Yet cognitive approaches may underemphasize neurobiological and sociocultural influences.

Sociological theory

Sociological frameworks emphasize stigma, labelling, inequality, stress exposure, and cultural interpretation. These models are crucial in multicultural contexts but may risk minimizing individual psychopathology if applied in isolation.

Empirical Support for Multi-Theoretical Integration

Evidence across studies indicates that integrated assessment approaches improve diagnostic precision and treatment alignment. Structured biopsychosocial evaluations enhance differential diagnosis and reduce misclassification compared to single-theory approaches.

Integrated models demonstrate:

- Improved diagnostic clarity
- Enhanced case formulation
- Better alignment between diagnosis and treatment planning
- Increased cultural responsiveness

These findings support the clinical value of combining biological vulnerability assessment, cognitive-behavioural analysis, psychodynamic history, and sociocultural evaluation.

Discussion

This review demonstrates that no single theoretical framework sufficiently explains the aetiology, maintenance, and prognosis of mental disorders. Each perspective offers a partial but essential lens.

The biopsychosocial model provides a comprehensive structure for integrating biological predisposition, psychological processes, and sociocultural context. When systematically applied, it transforms diagnosis from a descriptive label into a dynamic case formulation.

In multicultural settings such as Nigeria, diagnostic practice must account for cultural beliefs, communal identity, and social stressors. Failure to integrate these dimensions risks misdiagnosis and reduced treatment engagement.

Therefore, diagnostic reform should emphasise structured multi-theoretical assessment protocols to enhance both scientific rigour and clinical utility.

Conclusion

This integrative review concludes that:

1. Single-theory diagnostic approaches are inherently reductionist.
2. Diagnostic inaccuracies persist when multidimensional factors are ignored.
3. Multi-theoretical integration improves precision and treatment alignment.
4. The biopsychosocial model offers the most comprehensive diagnostic framework.

Diagnosis should serve as the foundation for personalised case formulation rather than as a static categorical endpoint.

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